

ARKANSAS INSURANCE DEPARTMENT  
RATE FILING ABSTRACT

Form RF-1  
Rev. 4/96

Insurer Name: Union Insurance Company of Providence  
 NAIC Number: 062-21423  
 Name of Advisory Organization Whose Filing You are Referencing \_\_\_\_\_  
 Co. Affiliation to Advisory Organization: Member  Subscriber  Service Purchaser   
 Reference Filing #: \_\_\_\_\_ Proposed Effective Date: 10/1/2008

Contact Person: Stephanie McBride  
 Signature: *Stephanie McBride*  
 Telephone No: 800-247-2128 ext 2684

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
Homeowners	-5.9%	-19.8%	<p><b>FILED</b></p> <p>By Becky Harrington at 1:37 pm, 7/16/08</p> <p><b>PROPERTY &amp; CASUALTY</b></p> <p><b>ARKANSAS INSURANCE DEPARTMENT</b></p>				
<b>TOTAL OVERALL EFFECT</b>							

N Apply Lost Cost Factors to Future Filings? (Y or N)  
 28.3% Estimated Maximum Rate Increase for any Arkansas Insured (%)  
 -46.2% Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

5 Year History

Selected Provisions

Year	Policy Count	Rate Change History		AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio	Selected Provisions	
		%	Eff. Date					A.	
2003	0			0	0	0%	60.7%	A. Total Production Expense	24.5%
2004	0			0	0	0%	51.4%	B. General Expense	5.5%
2005	0			0	0	0%	45.5%	C. Taxes, License & Fees	3.2%
2006	0			0	0	0%	47.6%	D. Underwriting Profit & Contingencies	2.2%
2007	20	0.0%	06/01/07	4,900	4,000	81.6%	28.2%	E. Other (explain)	0.4%
								F. TOTAL	35.8%